

Dear Recipient, Regrettably, I have only learnt about the inquiry which you are conducting from watching the ABC Landline program today. I recognise that the content of my submission may be ignored due the close-off date, but at your risk because upon reading the Draft Overview, there is, at best, only mildly implied reference to the significance of telecommunications as being the first plank of any regional health policy. I am a farmer from Moora, a town on the edge of the Western Australian wheatbelt. I have had a varied career over where I realised the overwhelming connection between mobile telecommunication access and regional health. The issues of affordability and provision of other alternatives, including satellite mobile phone become relevant, but to understand how relevant must entail an assessment of the savings to national health, disability and on-going dislocation. I did not see any content in your overview suggesting relevance to deeper analysis that might have been considered by the report authors. May we take some preliminary statistics of road traffic deaths of the wheatbelt of Western Australia. In the website of the WA Royal Automobile Club, wheatbelt deaths are stated to be 6 times higher than the average for Australia and 13 times higher than that occurring in WA's metropolitan area. What's more, nearly 2/3rds of the wheatbelt deaths occurred in daylight. What is the essential difference between the characteristics of Perth Metropolitan and the regional wheatbelt areas? The answer has to be the ability to have medical assistance to stabilise any injury. Medical doctors calls the time by which this must be done as the "golden hour". I recognise that distance is an issue, but the most important is the communication from the accident point to the base from where medical help can be obtained. The saving to this cost of a universal telecommunication network/facility is essential for your analysis. Paddock accidents are of equal concern.